

**WOODROW WILSON REHABILITATION CENTER**

**POLICE DEPARTMENT**

***P.O. BOX 1500-W230***

***FISHERSVILLE, VIRGINIA 22939***

**Phone: (540) 332-7317 FAX: (540)332-7008** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information Request form**

Form may be submitted in person, mailed, faxed or emailed to Policeinfo@wwrc.virginia.gov

 Shaded areas for police staff completion only.

| Date of Request |  | Date Received |  | Received by |  |
| --- | --- | --- | --- | --- | --- |

| Name of Requestor  |  |
| --- | --- |

| Company/Organization  |  |
| --- | --- |

| Address  |  |
| --- | --- |

| City  |  | State  |  | Zip  |  |
| --- | --- | --- | --- | --- | --- |

| Phone:  |  | Fax |  | Cell:  |  |
| --- | --- | --- | --- | --- | --- |

| E-Mail |  |
| --- | --- |

| Signature |  |
| --- | --- |

In accordance with the WWPD policies and or the Virginia Freedom of Information Act (2.2-307 COV) I am requesting copies of any records related to:

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| Do Not Write Below Shaded Area – For Police Staff Completion Only  |
| --- |
| Date Completed: Completed By:  |
| Time Required to Complete: Materials Used:  |
| Charges Assessed? Y/N: Paid at Business Office: Date:  |